

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/27/05

2 Serial/Patent # 10/523688

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other <u>Search fee adjustment</u>			\$ <u>100</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>	
8 TO BE REFUNDED BY:				
		Treasury Check		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	<u>15--0461</u>	
9. No Fee Due (Explanation):				

10 REASON:

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Karen Lewis (Baltimore) TITLE: Paralegal Specialist  
SIGNATURE: Karen Lewis PHONE: (703) 308-9140 ext 202  
OFFICE: DO/EO  
\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B